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ABSTRACT

Speech pathology and linguistics have, as sciences, experienced a parallel development over the past fifty years. Although these disciplines have traditionally been separated, they have common areas of concern, and there are indications of a growing interest on the part of speech pathologists in such linguistic subfields as sociolinguistics, psycholinguistics, and neurolinguistics. Speech and hearing publications are paying attention to theoretical and methodological linguistic models, and descriptions of communication disorders are using linguistic paradigms as a basis. Given the interest of speech pathology in linguistics, there is both an obligation and an opportunity for linguists to define new roles for themselves within speech pathology. This requires the identification of common areas and methods by which the linguist can adapt linguistic concerns so that they are meaningful to the speech pathologist. Areas of common interest include communication disorders, phonetics, language acquisition, and language variation. Linguists may have to expand their data base to include the particular interests of speech pathology; they may need background information in areas not traditionally stressed in linguistics; and they must understand the goals of speech pathology as a professional field. (AM)

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LANGUAGE IN EDUCATION:

THEORY & PRACTICE

2 The Linguist in Speech Pathology

Walt Wolfram

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LANGUAGE IN EDUCATION: THEORY AND PRACTICE

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THE LINGUIST IN SPEECH PATHOLOGY

A Parallel Development

Although speech/language pathology and linguistics have traveled quite different paths in their development, the evolution of these fields over the past half century has been parallel.[1] Within this period, both of these specializations have risen from their status as a subfield within a broader discipline to professional fields in their own right.

During the past five decades, the field of speech pathology has carved out its autonomy as a service-related profession, complete with a national organization vested with the authority to grant clinical certification. From its initial status within other disciplines such as psychology or theatre and drama, it has grown to a point where there are now over 300 universities in the United States that offer a degree in the field, and membership in the American Speech and Hearing Association (ASHA) now exceeds 28,000. The influence of speech pathology in public life is evidenced by the fact that virtually all public schools, hospitals, and institutions have access to speech clinicians who can be called upon to perform essential diagnostic and therapeutic services related to various communication disorders.

Linguistics, as an academic discipline, obviously has not become as prominent in public life, but its growth over the past 50 years has been equally remarkable. A half-century ago, linguistic description and research were conducted under the rubric of adjacent disciplines, such as anthropology or foreign language studies. As interest in the systematic study of language organization increased, however, linguistics carved out its own niche as a type of scientific inquiry, freeing itself from its secondary status within other disciplines.

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[1]Both "speech" and "language" are used in the former field, due to a distinction made between "speech" (aspects of phonic production) and "language" (aspects of the grammatical system). Other components of this discipline are audiology and speech science. There is increasing use of the broader term "communication disorders" to cover its various aspects. For convenience here, we shall simply use the term speech pathology.

In the most recent Guide to Programs in Linguistics (1975), 167 schools are listed as offering a major or minor degree in linguistics, and membership in the Linguistic Society of America is now more than 6,000.

While both linguistics and speech pathology have established themselves as autonomous fields, they obviously have not done so in a vacuum. In both instances, closely related fields of study have influenced the development of these specializations, due either to historical affiliations or mutually developing areas of interest. It might seem that linguistics, with its emphasis on the organization of language systems, and speech pathology, with its emphasis on language disabilities, would have a long-standing symbiotic relationship, given the many areas of common concern. Unfortunately, the history of these fields, with several notable exceptions, does not indicate such interdependence, and the prospect of close affiliation between specialists from these two fields must still be considered as a somewhat nove relationship.

Why Such Separation?

There are probably several reasons that can be cited to account for the traditional separation of speech pathology and linguistics. The most immediate explanation is an historical one. Since both fields of specialization originally developed as subfields within other disciplines, it would be expected that the parent disciplines would exert a strong influence on their early development. The various disciplines that have influenced speech pathology are reflected in ASHA's recommendation for general background education set forth in "Requirements for the Certification of Clinical Competence."

> The specific content of this general background education is left to the discretion of the applicant and to the training program which he attends. However, it is highly desirable that it include study in the areas of human psychology, sociology, psychological and physical development, the physical sciences (especially those that pertain to acoustic and biological phenomena) and human anatomy and physiology, including neuroanatomy and neurophysiology. (1975:xxi)

The disciplines mentioned above are those that have been most closely aligned historically with the developing concerns of speech pathology. Conspicuous by its absence is the study of language and linguistics.

In the early development of speech pathology, psychology was probably the most influential field, since many of the early speech

pathologists originally came from this discipline. In fact, the mark of psychology is still highly visible within the academic and applied interests of the field. The nature and design of research have clearly been modeled after experimental psychology, and the effect of clinical psychology is quite evident in the clinical component of speech pathology, both on an ideological and practical level.

Linguistics, which started out as a specialization within anthropology, was also influenced strongly by the orientations of its parent discipline. For example, the notion of linguistic relativity (i.e., that a language system can be viewed in its own right, without reference to external systems) as an ideological and descriptive orientation was, no doubt, related to the framework of cultural relativity found within cultural anthropology. Although the roles of emulation have since reversed (i.e., anthropology is more apt to adopt linguistic paradigms than the converse), the heritage of the discipline cannot be disputed.

Since the disciplines of anthropology and psychology have often been at variance with each other in their orientations, it is understandable that areas of specialization emerging from these two fields would go their separate ways. Specific topics, in fact, are seen in ways that contrast. A case in point is how linguistics and speech pathology approach normative language behavior. The linguist might be concerned with discovering a language norm or pattern as an end in itself, whereas the speech pathologist is concerned with a normal language pattern primarily as a basis for defining a language disorder. The linguistic tradition reflects the orientation of the parent discipline of anthropology, with its concern for identifying norms as an end in themselves, and the speech pathology tradition is typical of a psychological orientation, with its emphasis on establishing norms as a base line for defining abnormal behavior.

In line with the traditions of linguistics and speech pathology as they have developed over the years is the difference in recognized priorities within the two fields. In the case of speech pathology, we have a profession with a primary service orientation, ultimately geared toward the diagnosis and remediation of language disabilities. Without this pragmatic goal, it would be difficult to justify the autonomous existence of the field. This is not to denigrate the academic aspects of the field nor to dismiss the solid academic work necessary to achieve such a goal; it is simply intended to put the academic and service components in the perspective established by the field itself. In linguistics, there is no such analogous priority, with the application of linguistic knowledge typically ascribed a secondary role within the discipline. That is, linguistics, as a type of scientific inquiry, does not find its ultimate justification in terms of the application of such knowledge to the "real world." Its autonomy is defined completely apart from any

concerns that linguists may or may not have with the application of their knowledge to real life situations.

A Common Concern

Despite the historical independence of speech pathology and linguistics, it seems apparent that both fields stand to suffer from an irreconcilable alienation. There are obvious grounds of common concern which offer the potential of a complementary relationship between the fields. From the viewpoint of linguistics, it seems indisputable that the study of communication disorders of various types has substantial significance for the general study of language. Thus, in a discussion of the relationship of phonetics to linguistics, Venneman comments:

> I do not exclude the investigation of pathologic events because they have (a) theoretical significance (e.g. for the specification of what is normal) and (b) practical significance (e.g. in the research of speech disabilities for the purpose of medical treatment). (Bartsch and Venneman 1975:16)

Vaughn-Cooke, in a more specific examination of the relationship of phonological theory and deviant phonological systems, essentially makes the same point when she observes:

> These two subfields [phonological theory and deviant phonology] are intimately related in that one cannot describe or explain the details of deviant phonological systems without appealing to the principles of an accountable theory of phonology. On the other hand, one cannot construct a comprehensive, accountable phonological theory without considering the details of deviant phonological systems. (1977:1)

As studies of pathologies such as aphasia (the one area of disorder where there is some tradition of research within linguistics) have indicated for some time now, much theoretical and descriptive significance can be derived from the study of communication disorders, in addition to the practical significance mentioned above.

From the viewpoint of speech pathology, there is much to be gained from the various aspects of linguistic study. Much of the data on normal language systems, the takeoff point for the study of communication disorders, must come from the descriptive studies of linguists. Several trends observed within ASHA attest to a developing interest in linguistics, including such linguistic subfields as psycholinguistics, sociolinguistics, and neurolinguistics. For example, some of these areas are now accepted for academic credit toward clinical certification. The ASHA guidelines for required education specify 12 semester hours of academic course work in "Basic Communication Processes" distributed in the following categories:

> (1) anatomic and physiologic bases for the normal development and use of speech, language, and hearing, such as anatomy, neurology, and physiology of speech, language, and hearing mechanisms; (2) physical bases and processes of the production and perception of speech and hearing, such as (a) acoustics or physics of sound, (b) phonology, (c) physiologic and acoustic phonetics, (d) perceptual processes, and (e) psychoacoustics; and (3) linguistic and psycholinguistic variables related to normal development and use of speech, language, and hearing, such as (a) linguistics (historical, descriptive, sociolinguistics, urban language), (b) psychology of language, (c) psycholinguistics, (d) language and speech acquisition, and (e) verbal learning or verbal behavior. ("Requirements for the Certification of Clinical Competence" 1975: xxii-xxiii)

Certainly, aspects of the last two categories cover subject areas that might traditionally be included within the discipline of linguistics. More recent revisions of the guidelines for required courses have made explicit areas of linguistics that are of recognized importance to the field.

The trend is also evidenced by the attention given to theoretical and methodological linguistic models in the various speech and hearing journals. The recent appearance of several books utilizing linguistic paradigms as a basis for describing communication disorders also testifies to this interest. Finally, the inclusion of linguists on various task forces sponsored by ASHA further exemplifies this concern.

Given the developing interest in linguistic paradigms within speech pathology, a reasonable program for making this interest operational must be established. How is such linguistic training to be carried out, and what role can linguists play in this regard? In some cases, students are being sent to linguistics departments for such training. On the other hand, some speech pathologists are picking up linguistics as a second area of interest and are assuming the role of linguists themselves. Without discussing the advantages and disadvantages of these alternatives here, we simply point out that serious cross-fertilization will have to go beyond simplistic versions of either of these alternatives. Apart from the employment situation within linguistics itself, which demands that linguists extend their areas of expertise to include skills marketable in other fields, there is both an obligation and an opportunity for linguists to define new roles for themselves within speech pathology.

Defining the role of a linguist within speech pathology involves two major dimensions. First, there must be a common interest within speech pathology and linguistics that serves as a basis for the convergence of the fields. Then, there is the adaptive process in

which the information available in each field is rendered meaningful to the other, given their particular goals and orientations. The remainder of our discussion will attempt to point out some of these areas of common interest and some ways in which linguists must be willing to adapt if they are to assume an effective role within speech pathology. We shall attempt to be illustrative rather than exhaustive of this potential cross-fertilization, fully cognizant that there are other directions that might be cited in addition to or in lieu of those mentioned here.

Some Areas of Common Interest

What, then, are some of these areas of convergence, and what sorts of expertise can a linguist bring to the current development of linguistic interest within speech pathology? As it turns out, some of these domains of common interest have existed for some time, while others are relatively recent developments within speech pathology. Let us look briefly at some of these areas and the types of expertise that linguists can provide.

A linguist can provide the analytical skills necessary for an understanding of the systematic nature of communication disorders. The foundation of training in linguistics involves the development of analytical abilities. Although there are obviously different theoretical models that may guide the way in which the data are ultimately to be accounted for, a basic analytical ability is essential regardless of the theoretical orientation of the linguist. At the forefront of those aspects of linguistics most relevant to speech pathology is the application of analytical expertise in the systematic study of communication disorders. It should be noted here that our emphasis is on analytical expertise rather than the formalistic conventions that have become associated with some linguistic models.

In the application of analytical models to the systematic study of communication disorders, the relationship between linguistics and speech pathology appears to be most interdependent. For the speech pathologist, it offers the opportunity to capture generalities in pathologies that can add a new dimension to the assessment of disorders, with implications for strategies for establishing a program of therapy as well. For the linguist, it provides an important proving ground for the examination of particular theories and models of language, since it involves a unique set of language data. With certain notable exceptions, such as the work on aphasia, Vaughn-Cooke (1977:1) is quite right when she observes that linguists have too long contented themselves with a passive acknowledgment of the fact that deviant linguistic structure has important implications for linguistic theory. On the other hand, it is surprising to note that only within the last several years has there been any appeal to descriptive linguistic models in assessing communicative disorders within speech pathology.

On one level, the increasing utilization of linguistic paradigms in the assessment of communication disorders is indicative of the receptivity of speech pathology to linguistic input. In the analysis of phonological disorders, assessments made in terms of distinctive features are now becoming fairly widespread (e.g., McReynolds and Engmann 1975). Other aspects of phonological description, such as the use of phonological rules to capture the processes found in phonological disorders, have not been adopted as readily. In syntax, such works as Hannah (1975) and Lee (1974) have attempted to utilize versions of transformational-generative grammar as tools in the assessment of syntactic disorders.

On another level, there are some cautions that must be offered with respect to the utilization of linguistic models in speech pathology. In borrowing models from one field for use in another, there is always the danger of applying an analytical procedure without fully understanding how the model is integrally related to a particular theoretical orientation. Analytical procedures cannot be applied in a theoretical vacuum, regardless of their apparent utility; they are always subject to the limitations of the theoretical premises on which they rest. Thus, the application of distinctive features to a phonological disorder is subject to the general and specific limitations of this theory. The application of a procedure based on a version of transformational-generative grammar is similarly limited.

Obviously, there exists a delicate balance between the theoretical and applicational aspects of particular linguistic models which has to be taken into consideration in relation to the different goals associated with linguistics and speech pathology. Without assigning the linguist the role of an overseer in this regard, it is essential for theoretical and applied linguists to be integrally involved with speech pathologists in the utilization of analytical procedures derived from current linguistic models, and they must be aware of the limitations, as well as the potentials, of these models. And, where necessary, linguists must be involved in devising analytical procedures specifically appropriate for assessment and treatment plans. Much of the data used for assessment in speech pathology traditionally comes from tests, and there is considerable focus on the use and interpretation of tests. On the other hand, linguists are trained in abstracting data from naturally occurring events and using them as the basis for analysis. In the light of current objections to tests, the ability to analyze data from nontest situations should become increasingly important.

The linguist can provide practical background skills in areas such as phonetics. Not all the potential skills that the linguist can provide for speech pathology are analytical or descriptive. Some have more direct significance. For example, one of the most essential of all fundamental capabilities for the practicing speech clinician is the ability to perceive in a reliable manner what a

client produces. The diagnosis of an articulatory disorder is necessarily limited by the accuracy of the clinician's phonetic abilities, just as a linguist's phonological analysis cannot go beyond the accuracy of the phonetic material at hand. Quite obviously, the knowledge of phonetics cannot be entirely theoretical; it must involve a very practical component. Although instrumental phonetics may be of some benefit in the training of the speech pathologist, impressionistic phonetic transcription is an everyday skill of far more importance.

Some basic ability in phonetics has long been a staple requirement for speech pathologists. This training has, however, been largely limited to the phonemic transcription of citation forms in standard English. That is, broad transcription is done for words in isolation, where they are given in their most formal, unnatural form. In the context of spontaneous conversation, words undergo a number of changes due to their occurrence within a stream of speech. Limitation to a broad level of description is of minimal usefulness for the careful recording of the detailed phonological aspects of articulatory disorders. It is becoming apparent that speech pathologists are in need of phonetic transcription skills that will enable them to discard vague and imprecise terms such as "distortion" in assessing a phonological disorder. The current trend toward rigorous phonological analysis of the systematic nature of phonological disorders requires extensive training and reinforces the need for accuracy in phonetic detail.

While the phonetician's role in speech pathology might seem to involve a supplemental skill as far as both linguistics and speech pathology are concerned, the traditional linguistic training in narrow phonetic transcription is much needed within the training curriculum of speech pathology as an adequate basis for assessment and remediation. Naturally, the focus of data for reliable transcription will have to involve a representative sample of existent articulatory disorders rather than a representative sample of sounds from the languages of the world, although a good background in the latter may be the first step in refining skills to transcribe the former.

The linguist can provide essential content information in convergent areas of interest, such as language acquisition. It is now generally recognized within speech pathology that the study of language disorders must start with an understanding of what is considered to be normal language. There are a number of areas within speech pathology where the linguist can play a role in providing such information. One of the most prominent of these areas is language development. An understanding of the normal sequence and rate of language development is essential for speech pathologists, because children typically comprise the major proportion of the clientele they serve. Since the mid 1960s, there has been a proliferating body of substantive research on language acquisition that can aid the speech

pathologist in understanding language delay or deviancy. As a group, those linguists specializing in language acquisition have probably had the most extensive influence on speech pathology, and there is indication that this influence is still on the rise.

Along with the proliferation of descriptive information on language acquisition, there are theoretical questions that have projected the subfield of language acquisition to a prominent position. The controversy over behavioralist accounts of acquisition and the innate language hypothesis is still very much alive, augmented by considerations of the role of cognitive principles and strategies in the scheme of development among children. The descriptive information derived from recent studies of language acquisition is more useful to the speech pathologist than the theoretical significance of such studies. Within this descriptive focus, however, there are important questions of both theoretical and practical import for the pathologist that cannot be ignored. For example, the theoretical question of whether all normal children follow a single developmental path has important practical dimensions in terms of setting up profiles for assessing language development. Unfortunately, the answer to this question is not as clear-cut as the suggestion of Crystal, Fletcher and Garman that "all normal children, regardless of how quickly or slowly they are traveling, are following a single development path" (1976:59). Furthermore, the relationship between "language delay" and "language deviancy" is an issue that still needs careful research and clarification. In reality, then, the focus on descriptive information in an area such as language acquisition must be complemented by attention to some of the theoretical and applied issues that emerge from the data. This is not to demean the importance of the existing descriptive data on language acquisition, but simply to place it in proper perspective as an area of convergent interest for the linguist and pathologist.

The linguist can provide, along with information, philosophical orientations, such as a perspective on the nature of linguistic diversity. Within the tradition of speech pathology, the training of clinicians has often assumed that all persons speak or should speak standard English. The orientation of textbooks and the design of instruments to assess linguistic performance have typically been insensitive to the dimensions of linguistic diversity in society (Williams 1977:5). In many cases, only standard English responses are considered "correct" in language assessment. The failure to take systematic dialect diversity into account has sometimes led to serious misdiagnosis in that persons who speak a legitimate but nonmainstream variety of English may be assessed as pathological.

In recent years, there has been within speech pathology a growing awareness of the systematic nature of dialect diversity. Sociolinguistics is now one of the areas in which speech pathologists can earn academic credit toward certification, and there are several speech pathology departments within the United States that require

a course in social dialects as a part of their curriculum. If the speech pathologist is expected to know the general rules of the standard phonological and syntactic system in order to identify pathologies for the person from the standard English-speaking community, it seems only reasonable to ask that the pathologist have some descriptive knowledge of nonmainstream varieties of English in order to identify genuine pathologies for speakers from these communities. What is ultimately crucial for the clinician in making a diagnosis is whether clients speak the language of their community peers, regardless of what standardized tests might regard as adequate responses. The effective diagnosis of pathologies for speakers of nonmainstream communities is predicated on an understanding of the rules of those indigenous varieties. With the proliferation of descriptive accounts of such varieties as vernacular black English, Appalachian English, and northern and southern white nonstandard English, there is a growing reservoir of information for the speech pathologist to tap. Furthermore, studies of English varieties influenced by other sources, such as Chicano English or Indian English, are now appearing. Such information can now be integrated into the speech pathology training curriculum in preparation for assessing persons from nonmainstream communities. It is not sufficient, however, to stop with the descriptive facts derived from current studies of social dialects. Speech pathologists need methodological and analytical models to allow them to accumulate descriptive information on the varieties of English spoken in particular communities where they might operate. The potential role of the sociolinguist within speech pathology will become more vital as the profession broadens its awareness of linguistic diversity.

The Need for Adaptation

As suggested in the preceding discussion, there are a number of different areas in which a linguist might play an essential role within the field of speech pathology. These range from very practical background skills, such as solid training in phonetics, to philosophical perspectives, such as the relativistic viewpoint on linguistic diversity that may guide a clinician's approach to nonmainstream varieties. In between, we find common content areas that unite interests in particular descriptive information and particular analytical skills essential to the assessment of communication disorders.

While it may appear, from the above remarks, that there are ready-made roles within speech pathology for the linguist, it must be pointed out that these roles may require on the part of the linguist some adaptation that reflects the goals and orientation of the field of speech pathology. The process leading to serious integration is ultimately a bidirectional one. On a very practical level, it must be conceded that there are very few departments of speech pathology (although there are, in fact, several) that will accommodate a lin-

guist unwilling to share some of the characteristic concerns of the field. Failure to relate to the orientation and goals of speech pathology may ultimately result in an aborted tenure for linguistics within speech pathology.

Linguists may have to expand their data base to include the particular interests of speech pathology. While there are many linguistic topics that have some relevance for speech pathology, this observation does not preclude the necessity for some adaptation in the cross-fertilization process. As mentioned repeatedly throughout our discussion, the academic orientation and goals of speech pathology are different from those in linguistics, and no serious merger can take place without a recognition of these differences. In order to achieve an effective integration, it is necessary to expand the traditional data base of linguistics to include the data bases important for speech pathology.

By way of illustration, consider the sorts of data bases that might be used for the traditional study of phonetics: (1) those sounds that are linguistically significant in a given language, (2) those sounds that are linguistically significant in one language or another, and (3) any kind of noise that the human vocal apparatus is capable of producing (adapted from Schane 1973:8). Traditionally, the data base for linguistics is (2), with (1) considered too narrow and (3) too broad. Given the particular concerns of speech pathology, however, it might be necessary to expand the data base beyond (2) into some aspect of (3) in order to include the deviant production of sounds that is crucial for speech pathology. It appears necessary to consider those sounds traditionally (but inadequately) labeled "phonetic distortions" as a basis for understanding the systematic nature of pathology. By extending the data base, the linguist gains important new insights on the nature of language and at the same time acquires information consonant with the concerns of the speech pathologist. While similar illustrations might be cited for syntax or semantics, the essential point is that the data base for the linguist has to be expanded to include "abnormal" language, often ignored in the linguist's traditional concentration on "normal" language.

The linguist may need background information in areas not traditionally stressed within linguistics. There are obviously discrepancies between the background content areas considered essential for linguistics and for speech pathology. As mentioned previously, part of the traditional preparation for these fields is related to the origins of the specializations, and part of it is unique to the way in which these fields have developed their autonomy over the years. For a specialist from one field to function effectively within another, it may be necessary to complement the expertise in one field with some areas traditionally emphasized in the other field.

For example, one of the traditional areas of basic training for the

speech pathologist is the anatomy and physiology of the speech and hearing mechanism. Such information is essential for the speech pathologist, who is expected to deal with structural and neurological conditions ranging from cleft palate to cerebral palsy as they affect speech. With the exception of specialists in the relatively new field of neurolinguistics, most linguists are not familiar enough with the anatomy and physiology of the speech and hearing mechanism to meet the standards of speech pathology. Thus, some other background information may be required in addition to the expansion of the data base mentioned above.

Additional background information may not only be necessary for dealing with different content areas but may involve research traditions as well. As mentioned earlier, the influence of experimental psychology on speech pathology is quite apparent when one examines the types of research design and experimentation done within the latter (e.g., see Journal of Speech and Hearing Research). The type and structure of research, the questions to be answered, and the analysis of results are all indicative of such influence. This is clearly different from the descriptive research most typically undertaken in linguistics. Accommodation to the speech pathology research tradition in relation to the goals of the field may therefore be demanded of the linguist if linguistic research is to be accessible to and accepted by those accustomed to the type of research traditionally conducted in speech pathology.

Other background areas of expertise might be added to those mentioned above, depending on the focus of the linguist's specialization within the field, but it is sufficient here to recognize that meaningful integration necessarily requires some expansion of background for dealing with mutual concerns.

The linguist must understand the goals of speech pathology as a professional field. The field of speech pathology is ultimately a service-related field, with its autonomy vested in its clinical component. The vast majority of speech pathologists spend their professional career as clinicians, and their education is directed toward this end. The clinical application of knowledge is therefore the overriding concern within the field. The clinical component within speech pathology naturally contrasts with the orientation of linguistics, where the study of linguistics may very well be an end in itself. The differences in orientation are reflected throughout the fields, ranging from the integration of the clinical component in the training curriculum of speech pathology to the choice of research topics within the fields.

It is therefore understandable that the demands for the practical application of linguistic knowledge are considerable. The "why" question in relation to diagnosis and therapy can be expected to be a constant theme from those speech pathologists exposed to linguistic perspectives. In essence, most clinicians want to know what all this

linguistic information means when the first client shows up Monday morning. Given the utilitarian perspective on education found in many service-related professions, speech pathologists are not peculiar in this regard.

For a linguist to deal honestly with these concerns, there is no substitute for familiarity with the clinical setting, starting out with a clear-cut understanding of how and why diagnoses are currently carried out and moving from there to the areas where linguistic information can be meaningful to the clinician. Speculative, closet linguistics will hardly do the job. We are not necessarily calling for linguists working within speech pathology to become clinically certified with ASHA (although there are some obvious advantages to be gained from this), but a thorough understanding of the clinical component seems to be a prerequisite for functioning effectively. In a sense, the clients in the clinic must become an important new community of speakers whose language is the focus of concern.

At a time when more and more students are asking what they can do with linguistics apart from the perpetuation of the discipline itself, speech pathology offers one of the most challenging options for cross-fertilization. The field is considerably more open to the application of linguistic expertise than some of the adjacent disciplines with which linguistics has traditionally been aligned. Furthermore, there are probably more areas of mutual concern between linguistics and speech pathology than between linguistics and other disciplines with which linguistics has been associated in the past. Linguists who are willing to understand the goals of the speech pathology profession in relation to their own areas of linguistic concern are offered the opportunity to apply their knowledge to real world needs and at the same time to expand their horizons on the nature of language by means of a new data base. Few interdisciplinary endeavors can offer such an attractive symbiotic relationship.

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